INFORMATION RESOURCES MANAGEMENT POLICIES

I. POLICY

The Centers for Disease Control (CDC)* will develop, maintain, evaluate, periodically review, and revise appropriate information resources management (IRM) policies consistent with all applicable laws and regulations of the Federal Government. Such policies will maximize, to the extent practicable, IRM concepts and goals and the use of information technology for optimizing CDC's effectiveness and efficiency in achieving its mission.

II. PURPOSE

The purpose of this policy issuance is:

-- To establish the roles of various organizational and appointed groups in the development, recommendation, establishment, implementation, evaluation, review, and revision of IRM policies.

-- To provide an overall framework for establishing specific IRM-related policies at CDC. (The specific IRM policies will focus on the achievement of IRM goals such as managing information as a resource, developing IRM strategic plans, and fully integrating information products such as text, data, graphic images, voice, and video through the integration of compatible information technologies and communications.)

III. DEFINITIONS

"Policy," as used throughout this issuance and other IRM topic-specific policy issuances, includes procedures and guidance that have been

established by the CDC IRM Board, chaired by the Director, CDC.

"Information Resources Management" in its broadest context includes activities not incorporated organizationally, as such, at CDC at this time. For the purpose of this issuance, however, IRM policies will include those that are encompassed by the mission statement and functional responsibilities of the Information Resources Management Office (IRMO) at CDC.

IV. SCOPE

This issuance is applicable to all IRM policies at CDC.

While overall IRM concepts and philosophy may remain somewhat constant, rapid changes in technology require that these policies are reviewed annually, or more frequently as needed, and updated accordingly.

V. GUIDANCE

A. General

Guidance for the establishment of all IRM policies at CDC is based on applicable Office of Management and Budget (OMB), General Services Administration (GSA), National Institute of Standards and Technology (NIST), HHS, and PHS regulations, circulars, policies, procedures, guidance, and administrative issuances, as well as requirements of the Paperwork Reduction Act of 1980 and other applicable laws and regulations. Two primary references regarding Federal acquisition policy are the Federal Acquisition Regulations and the GSA Federal Information Resources Management Regulations.

B. HHS Guidance

1. HHS Information Resources Management Manual. The Department's IRM Manual serves as the primary source for providing guidance (including requirements) on IRM. This policy statement serves as a CDC-specific supplement to that manual.

2. Other Staff Manuals. In addition to the HHS IRM Manual, the following Departmental staff manuals contain directives on IRM-related activities:

a. Forms Management Manual

b. General Administration Manual

c. Internal Controls Manual

d. Printing Management Manual

e. Records Management Manual

f. Telecommunications Management Manual

Official copies of these regulations, manuals, circulars, and issuances are available for review in the Management Analysis and Services Office (MASO). Additional resources and literature on IRM are available from the Information Resources Management Office.

C. CDC Guidance

Further general guidance is provided by current CDC mission statements, organizational and functional statements, other CDC administrative issuances, and the charters for applicable boards, committees, working groups, etc.

VI. BACKGROUND

With the enactment of the Paperwork Reduction Act of 1980, the IRM concept was introduced and emphasized in the Federal Government. As a result, regulations, policies, procedures, and guidance have been developed throughout the Executive Branch. As with all other administrative requirements and guidance, CDC finds it necessary to supplement Departmental policies and guidelines to recognize and account for specific situations unique to CDC. In addition, the CDC Systems Planning Study completed in 1985 recommended the establishment of CDC IRM policies, procedures, and guidance to provide a basis for effective strategic planning, decision making, and management.

CDC is a multidisciplinary operating environment with diverse constituencies and audiences. The major common element, however, is information. The collection, development, analysis, synthesis, use, and dissemination of high-quality, timely, public health information is at the core of CDC's mission.

The development and promulgation of IRM policies at CDC must recognize the diversity of programmatic activities as well as technological needs in support of the CDC mission.

VII. OBJECTIVES

IRM policies will promote the effectiveness and efficiency of creating, safeguarding, using, disseminating, and disposing of information while protecting CDC's resource investments (capital, training, staffing, etc.), strategic direction, and institutional credibility.

New IRM policies must also recognize previously existing CDC and organizational component IRM policies as well as the lack of policies and standards for some areas in the past. For example, certain existing systems or equipment which are inconsistent with newly established policies may be more cost-effective to be

allowed to coexist until the end of their useful lifetime. New IRM policies are most critical and effective for providing future strategic directions and ensuring compatibility, consistency, and coordination.

IRM policies should position CDC to take strategic advantage of existing as well as future technologies.

IRM policies should enhance compatibility, interconnectivity, transportability, user support (short- and long-term), security, and integrity as well as facilitate communications within CDC and externally. IRM policies should minimize redundancies and the opportunity for fraud, waste, and abuse of government resources.

IRM policies should also provide the opportunity for and encourage experimentation, research, and development of new or emerging technologies within a framework of overall consistency with CDC's strategic direction and mission.

More specifically, the policies should serve to:

1. Enhance and enable rapid decision making and dissemination of scientific information in support of CDC's mission.

2. Increase the productivity of professional and support staff.

3. Reduce operational costs and overhead in administrative and technical support areas.

4. Increase the availability of information technologies, particularly to administrative and management staff.

5. Position CDC to take advantage of continuing advancements in technology.

6. Reduce paper throughout CDC.

VIII. RESPONSIBILITIES

A. CDC Information Resources Management Board

The CDC Information Resources Management Board, comprised of the CDC Executive Staff, provides policy guidance to IRMO in identifying CDC-wide information needs and setting, reviewing, and evaluating CDC-wide IRM policy.

B. CDC Information Resources Management Working Group

The CDC Information Resources Management Working Group, comprised of the Principal Management Officials (PMO's) of each Center/Institute/Program Office (CIO) and selected ad hoc representatives, serves as the primary link between IRMO and each programmatic area. This group takes an active role in developing IRM policy recommendations, developing and coordinating CDC-wide plans and budgets for the management of information technology and services, developing and designing data bases supporting CDC-wide functions, and developing and coordinating automated information systems security programs.

C. IRM Working Group Subcommittee on Policy Development

The Subcommittee on Policy Development is comprised of the officially designated representatives from each CIO and is responsible for developing draft policies for the Working Group to consider, gathering and evaluating technical input from the various organizational components of CDC which use or are responsible for the particular information technologies, and preparing background papers, option papers, or other decision documents for use by the Working Group.

D. CDC Organizational Components

Individual organizational components of CDC are responsible for executing established CDC IRM policies, evaluating and providing oversight of the execution of CDC IRM policies within their organizations, and bringing to the attention of the IRM Working Group and/or Board issues related to standing or needed policies. Individual organizational components are also responsible for developing organization-specific plans, policies, standards, and guidance, as needed, to promote the accomplishment of the organization's mission and goals consistent with CDC IRM policies and goals. Each organizational component should establish an IRM coordinating function to facilitate

these activities and maximize the interrelationship with IRMO.

E. Information Resources Management Office

The Information Resources Management Office, a CDC staff service in the Office of Program Support, provides CDC-wide planning, coordination, budgeting, and approval for information technology and resources. IRMO maintains state-of-the-art expertise in information science and technology to promote the efficient and effective conduct of the CDC mission. IRMO also provides technical advice, consultation, and training to CDC organizational components and users and manages all CDC-wide centralized information processing equipment resources.

In the context of IRM policies, IRMO is responsible for bringing issues related to standing or needed IRM policies to the attention of the Working Group and/or Board; serving as a technical resource to the IRM Working Group and IRM Board in the development, establishment, review, and revision of IRM policies; providing leadership in the execution of IRM policies at CDC; and providing oversight in the execution of CDC IRM policies.

F. Procurement and Grants Office

The Procurement and Grants Office (PGO) is responsible for assuring that the development and execution of IRM policies related to information technology equipment and service acquisitions and inventories are consistent with all applicable Federal laws and regulations.

G. Financial Management Office

The Financial Management Office is responsible for providing advice and consultation for assuring that the development and execution of IRM policies related to information technology equipment and services budgeting and accounting are consistent with applicable Federal laws and regulations.

H. Management Analysis and Services Office

The Management Analysis and Services Office is responsible for assisting in developing and coordinating the issuance of CDC-wide policies on information resources management, ensuring that such issuances contain guidelines that are consistent with appropriate Federal regulations and policies, and that these issuances are distributed to the appropriate CDC staff.

IX. ACQUISITIONS

The following policies are generic to all areas of IRM equipment, software, and service acquisitions at CDC:

A. IRMO will review all CDC acquisition requests for information technology (automatic data processing [ADP], office automation, and telecommunications) equipment, software, and services for technical accuracy, policy and procedural compliance, and other strategic direction implications.

B. Information technology requests consistent with established policies and procedures will require minimal justification for external (to the requesting program) approval. When judged to be technically sound, IRMO will approve such requests if within the scope of approval authority delegated to IRMO. For procurements exceeding this authority, IRMO will work with the requesting office to seek the appropriate delegation of authority from PHS and HHS.

C. For information technology requests inconsistent with established policies (or in the absence of established policy--inconsistent with future strategic direction stated in CDC's IRM Strategic Plan, Information Technology Systems Budget, and other related planning documents), the requesting office will provide sufficient justification to describe why the acquisition is needed, how it fits into CDC's overall IRM architecture, and why an equivalent acquisition consistent with CDC IRM policies and procedures cannot or should not be effected.

D. IRMO will review such justification and if IRMO determines the information technology request is not inconsistent with the established policies and procedures, strategic direction, or resource investment of CDC, IRMO will approve such request.

E. If IRMO does not make such a finding, IRMO, the requesting office, and the senior management staff of the requesting organization will conduct a management review of the proposal. If IRMO and the senior management staff of the requesting organization do not agree on the results of the study, the issue will be remanded to the IRM Working Group for decision. The requesting office can appeal the IRM Working Group's decision to the IRM Board for final decision.

F. Information technology requests that exceed CDC's delegated authority for acquisition will require the preparation of an Agency Procurement Request (APR) to seek additional delegated authority from PHS and HHS and GSA as appropriate. IRMO will assist organizational components in

the preparation of APR's. Information on threshold levels for various information technology acquisitions is available from IRMO, PGO, and MASO.

G. Information technology requests approved by IRMO or the IRM Working Group and/or Board will be forwarded to PGO for acquisition.

H. The originating office and IRMO, when appropriate, should identify unique requirements for technology acquisitions on the requisition/request for contract when submitting to PGO (e.g., value-added service provided by a vendor). PGO will consult with the originating office and IRMO regarding any changes recommended by PGO to these unique requirements before issuing the purchase order or contract.

*References to CDC also apply to the Agency for Toxic Substances and Disease Registry.